

2025 Benefits At A Glance

Full-Time Home Health Caregivers and Clinicians (VFT)



Benefits Overview

BAYADA offers a comprehensive benefits plan designed to meet the needs of our employees.

Paid Time Off (PTO) and Holidays

Salaried: Immediately upon hire, you will earn Paid Time Off (PTO). PTO is accrued weekly, and is based on guarantee or total worked points, whichever is higher. PTO is accrued at a rate of .1025 hours per point. You will receive compensation for recognized holidays that occur during the workweek. If a recognized holiday falls on the weekend, you will be awarded PTO hours. Additionally, you will receive extra compensation for any time worked on recognized holidays.

Pay Per Point: PTO is accrued weekly and is based on total worked points. PTO is accrued at a rate of .1025 hours per point. You will receive PTO hours for all recognized holidays, along with additional compensation for any time worked during the recognized holidays.

Health insurance, dental, and vision plans

You will be able to obtain one of four of BAYADA's Minimum Essential Coverage plans shortly after hire. Following 60 days of employment, you will also be offered BAYADA's group health insurance benefits. Group benefits become effective on the 90th day after hire.

Retirement benefits

Eligibility to participate in the 401(k) starts on your date of hire and you can enroll after receiving your first BAYADA paycheck. You can contribute to the 401(k) on a pre-tax and/or after-tax (Roth) basis up to the IRS annual maximum. You may be eligible for a discretionary employer match after meeting age and service requirements (excluding catch-up contributions). For more information, visit bayada.com/benefits/find-benefits/retirement-plans.

Tuition reimbursement

You will be eligible for tuition reimbursement for one 3-credit course per semester as decided by the director.

Short-term disability

As an active employee who works at least 15 hours per week, you are eligible to purchase short-term disability coverage. You have the choice of two disability plans. For more information, contact benefits@bayada.com.

Life insurance

You will become eligible for a \$15,000 term-life insurance policy after working a minimum of 1,000 benefit credit hours in the previous calendar year and can purchase up to an additional \$300,000 in voluntary life coverage after 90 days of service depending on your job classification.

Flexible Spending Account (FSA)

You will become eligible to open a dependent care and/or medical flexible spending account after 90 days of service. You must enroll each year to maintain an FSA.

Health savings account

If enrolled in the High Deductible Health Plan, you are permitted to open a health savings account after 90 days of service.

Voluntary accidental life, critical illness, hospital indemnity, and disability insurance plans

You will become eligible after 90 days of service and will receive notification of enrollment process.

Direct deposit

You have the option to directly deposit your weekly paycheck. You may choose to split the check into up to three accounts (checking, savings or a combination of each). This service is available to all employees at time of hire (no waiting period).

Online earnings statement

All employees will have 24 / 7 access to view their earnings statements online by visiting home.bayada.com.

Employee Assistance Program (EAP):

Aetna Resources for Living assists employees in resolving a wide range of topics such as legal and financial; and consultations and referrals for childcare, elder care, caregiver support, school and college planning, and convenience services to promote overall wellness.

Identity theft protection

BAYADA has partnered with IdentityForce to sponsor identity protection for group-eligible employees. Each year, millions of people have their identity stolen. That's why it's more important than ever to be protected.

Public Service Loan Forgiveness partner

Public Service Loan Forgiveness (PSLF) is a federal program administered by the US Department of Education, which allows full-time employees of qualifying nonprofit employers to have the remaining balance of their Federal Direct student loans forgiven after making 120 (10 years) qualifying monthly payments under a qualifying repayment plan. Nonprofit entities of BAYADA are qualifying employers. For more information, view the Public Service Loan Forgiveness section under bayada.com/benefits/find-benefits/additional-benefits.

If you are not sure whether the entity you work for is a non-profit or for-profit, please contact psfl@bayada.com

Commuter benefits

Commuter benefits allow pre-tax funds to pay for qualified work-related commuting and parking expenses such as bus, train, ferry or subway fares and parking meters and parking garage fees.

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MEDICAL – Aetna

BAYADA offers two medical plans through Aetna's Premier Care Network Plus. The APCN+ Network plans give you more coverage options. It assigns providers into three different tiers. Make sure you understand the benefits of each tier and which category your providers fall under before receiving treatment. The APCN+ Multi-Tier plans sort doctors and facilities into tiers based on their performance and ability to save money. The highest performing and most efficient doctors and facilities are in Tier 1. To find out if your provider is in the Tier-1 network and obtain the most savings, use <https://www.aetnadocfind.com/2025-apcn-plus-mt-cpii/>

| | | Aetna Core APCN+ | | | Aetna High Deductible APCN+ | | |
|--|----------|--|---------------------------------------|--|---|---------------------------------------|--|
| | | Tier 1 In-Network Maximum Savings | Tier 2 In-Network Standard Savings | Tier 3 Out-of-Network Minimal Savings | Tier 1 In-Network Maximum Savings | Tier 2 In-Network Standard Savings | Tier 3 Out-of-Network Minimal Savings |
| PLAN FEATURES | | | | | | | |
| Annual Deductible (Individual/Family) | Embedded | \$1,000/ \$2,000 | \$2,000/ \$4,000 | \$4,000 / \$8,000 | \$1,750/ \$3,500 | \$2,500/ \$5,000 | \$5,000 / \$10,000 |
| Annual Out-of-Pocket Maximum (Individual/Family) | Embedded | \$3,500/ \$7,000 | \$6,000/ \$12,000 | \$10,500 / \$21,000 | \$4,500/ \$9,000 | \$7,000/ \$14,000 | \$15,000 / \$30,000 |
| Annual HSA Employee Contribution Maximum (Individual/Family) | | Not Eligible | | | \$4,300 / \$8,550 | | |
| YOUR COSTS FOR CARE | | | | | | | |
| Coinsurance | | 20% * | 40% * | 50% * | 20% * | 40% * | 50% * |
| Preventive Care | | No cost | No cost | 50%* | No cost | No cost | 50% * |
| Primary Care Physician (PCP) Office visit & Telemedicine | | \$25 | \$30 | 50%* | 20%* | 40% * | 50% * |
| Specialist Visit Office Visit & Telemedicine | | \$40 | \$50 | 50% * | 20%* | 40% * | 50% * |
| Teladoc | | \$5 copay when calling Teladoc Physician | | | 0% coinsurance when calling Teladoc Physician * | | |
| Urgent Care | | \$50 | \$50 | 50% * | 20%* | 40% * | 50%* |
| Emergency Room | | \$150 + 20% ** | | | 20% ** | | |

* After deductible

** Tier 1 deductible and out-of-pocket maximum will apply

PHARMACY – CVS

Prescription drug coverage through Aetna is included with all of our medical plans. You can also purchase a 90-day supply through CVS mail order pharmacy. Review the chart for the amount you will pay for a 30-day supply of the prescription drug category listed. Your medical ID card will also include information on your prescription drug coverage. To view a list of covered drugs, find cost estimates, locate an in-network pharmacy, register for mail-order delivery, and review other important information about your prescription drug coverage visit <http://www.caremark.com/>

RETAIL 30-DAY SUPPLY

| Generic | \$10 | \$10 | Not Covered | \$10 | \$10 |
|---------------------|------|------|-------------|------|------|
| Preferred Brand | \$35 | \$35 | | \$35 | \$35 |
| Non-preferred Brand | \$55 | \$55 | | \$55 | \$55 |
| Specialty | 30% | 30% | | 30% | 30% |

MAIL ORDER 90-DAY SUPPLY

| Generic | \$25 | \$25 | Not Covered | \$25 | \$25 |
|---------------------|-------|-------|-------------|-------|-------|
| Preferred Brand | \$88 | \$88 | | \$88 | \$88 |
| Non-preferred Brand | \$138 | \$138 | | \$138 | \$138 |
| Specialty | 30% | 30% | | 30% | 30% |

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MEDICAL – *Minium Essential Coverage*

The Minimum Coverage plan includes 63 preventive tests and an array of other services that meet the Affordable Care Act Individual Mandate requirements. Cost varies according to the plan selected and number of people enrolled per week for coverage.

For 2025, there are 4 medical plans for you to choose from: MEC, MEC Copay, MEC Enhanced, and MEC Enhanced Copay. All plans include a tele-medicine and the AWP Value Rx discount program. The only difference between the plans is the additional reimbursement toward covered expenses. All 4 plans are provided by Fringe Benefit Group, which will contact new employees after they receive their first paycheck.

| | MEC | MEC Enhanced | MEC Copay | MEC Copay Plus |
|---|---------------------------|---------------------------|--|--|
| Plan Features | | | | |
| Minimum Essential Coverage (MEC) Preventive Services | Plan Pays 100% * | Plan Pays 100% * | Plan Pays 100% * | Plan Pays 100% * |
| Deductible: Individual / Family | N/A | N/A | N/A | N/A |
| Coinsurance | N/A | N/A | N/A | N/A |
| Out-of-Pocket Maximum: Individual / Family | N/A | N/A | N/A | N/A |
| First Health Network | ✓ | ✓ | ✓ | ✓ |
| Teladoc Virtual Primary Care | ✓ | ✓ | ✓ | ✓ |
| Primary Care Office Visit Specialist Office Visit Urgent Care Visit | N/A | Plan pays \$75 / Day | \$15 Copay * \$50 Copay * \$80 Copay * | \$15 Copay * \$50 Copay * \$80 Copay * |
| Outpatient Diagnostic Lab Outpatient Diagnostic X-ray | N/A | Plan pays \$75 / Day | \$15 Copay * | \$15 Copay* |
| Outpatient Diagnostic Advanced Studies | N/A | N/A | N/A | Plan pays \$500/Day |
| Accident Medical (per occurrence) | N/A | N/A | Plan pays up to \$5,000 | Plan pays up to \$5,000 |
| Emergency Room Sickness | N/A | Plan pays \$75 / Day | N/A | Plan pays \$150/Day |
| Inpatient Surgery | N/A | Plan pays \$500 / Day | N/A | Plan pays \$1,000/Day |
| Hospital Admission (lump sum benefit) | N/A | N/A | N/A | Plan pays \$1,500/Confinement |
| Inpatient Hospital Indemnity | N/A | Plan pays \$100 / Day | N/A | Plan pays \$200/Day |
| Inpatient Intensive Care Unit | N/A | Plan pays \$200 / Day | N/A | Plan pays \$400/Day |
| Vision Care | N/A | Plan pays 80% up to \$300 | N/A | N/A |
| Prescription Drug | Generic & Brand Discounts | Generic & Brand Discounts | \$15 Generic Copay Brand Discounts | \$15 Generic Copay Brand Discounts |

* You MUST visit a First Health Network provider for services to be covered. Services from out-of-network providers are NOT covered
 Note: The MEC Enhanced plans will not be eligible for NH, NM, and VT and MEC Copay Plus plans will not be eligible for NM, and VT due to state regulations around fixed indemnity components

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DENTAL – *Delta*

BAYADA offers two dental plans, the Base and Buy-up, through Delta Dental. Premiums for coverage are deducted from your paycheck.

| | Base | Buy-Up |
|---|----------------------|----------------------|
| Annual Deductible Individual/Family | \$50/\$150 | \$50/\$150 |
| Annual Maximum Per Person | \$1,500 | \$2,000 |
| Preventive Care Routine Cleanings, Exams (twice a year) | Covered 100% | Covered 100% |
| Basic Services Fillings, Routine Extractions | 20% after deductible | 20% after deductible |
| Major Services Crowns, Dentures, Bridges | 50% after deductible | 50% after deductible |
| Orthodontia Children up to age 18 | 50% after deductible | 50% after deductible |
| Orthodontia Lifetime Maximum (Per Person) | \$1,000 | \$1,000 |

VISION – *EyeMed*

Vision coverage is available to you through EyeMed. Premiums for coverage are deducted from your paycheck.

| | Member Cost In-Network* | Out-of-Network Reimbursement |
|--|---|---------------------------------|
| Eye Exam (Once every 12 months) | \$10 copay | Reimbursed up to \$25 |
| Lenses (Once Every 12 Months) | | |
| Single | \$15 copay | Reimbursed up to \$14 |
| Bifocal | \$15 copay | Reimbursed up to \$28 |
| Trifocal | \$15 copay | Reimbursed up to \$53 |
| Frames (Once every 24 months)*** | Up to \$150 allowance plus 20% off any amount above allowance | Reimbursed up to \$75 |
| Contact Lenses*** (Once every 12 months) | | |
| Medically Necessary | Covered in full | Reimbursed up to \$200 |
| Elective | Up to \$130 allowance plus 15% off any amount above allowance | Reimbursed up to \$104 |

LIFE AND AD&D – *MetLife*

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by BAYADA, so you will automatically be enrolled at no cost to you. Your coverage will be a fixed amount of \$15,000.

SUPPLEMENTAL LIFE – *MetLife*

You may purchase additional life insurance at group rates:

- Available in increments of \$10,000 up to \$300,000
- You pay the full cost of this plan and the amount deducted depends on the age of the employee and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible you are subject to medical underwriting by the carrier

DISABILITY – *The Hartford*

You have the choice of two disability plans, which allows you flexibility to enroll for the coverage that best meets your needs.

| Benefits | | Option 1 | Option 2 |
|------------------|---|-----------------|-----------------|
| Benefit Amount | You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings | \$300 - \$1,400 | \$300 - \$1,400 |
| Benefit Starts | You may choose when you want your benefit to start | Day 8 | Day 15 |
| Benefit Duration | You may choose how long you want to receive your benefit | 26 weeks | 52 weeks |

For a full outline of benefit offerings, please refer to your Benefit Guide, Policy Documents, or contact your Benefits team.